

Health Promotion in Health Care

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Care Plans for Small Businesses and Families**

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**UI College of Public Health
Healthier Workforce Center for Excellence**

Addressing the True Drivers of Excessive Health Care Costs

- A recent study by leading health care economist Ken Thorpe concluded that 63% of the rise in real US per capita health spending is due to the increasing prevalence of health risk factors which are medically treated rather than prevented or improved through health promotion and disease prevention strategies.



Primary Drivers of Health Care Costs

- **50-70% of all health care costs and premature death, illness and disability are related to behaviors**
- **Health and health care are only remotely related**
 - **35% of all health care costs are wasteful or inefficient**
 - **Only 50% of high dollar claimants are predictable in any given year from previous**
- **Effective health plan MUST simultaneously deploy**
 - **broad, population approach (evidence-based)**
 - **targeted, high risk/cost approach (evidence-based)**
 - **decrease costs and improve health**
- **Quality costs less, not more**



The Medical Cost of “The Big 3” Personal Behaviors

- **Obesity and nutrition**
 - Average 10% of total claims costs directly attributable to obesity
 - 60% of Americans exceed ideal BMI
 - Soon to become the leading cause of death
- **Tobacco**
 - Average 10% of total claims costs directly attributable to tobacco
 - 25% of Americans smoke
 - Leading cause of death . . still
- **Sedentary lifestyle**
 - 60% perform no substantial activity or exercise



Tobacco Use Health Impact and Costs

- **Smokers cost \$1,623 in excess medical expenditures and \$1,760 in lost productivity compared to non-smokers**
 - Health care costs 40% higher overall & pharmacy 100% higher
 - Smokers absent 20 - 37% more than non-smokers
 - Average of 18 days a year on smoke breaks
 - Medical costs of complicated birth are 66% higher for pregnant smokers than for non-smokers
- **Children exposed to tobacco smoke have increased illnesses and parental absence**
- **Smoking leading risk factor for asthma, cancer, diabetes, heart disease, and chronic obstructive pulmonary disease**
- **US Preventive Services Task Force: among most effective preventive services**



Obesity Health Impact and Costs

- **60% of adults (Iowa 60.2%) have a BMI > 25 (Overweight 10-30 lbs above ideal or obese 30 or more lbs above ideal)**
 - 10% of total medical costs in average population
 - Same as tobacco-attributable costs (range of 6-14%)
 - BMI of 25 or greater, results in increased incidence of diabetes, heart disease, strokes, joint replacements and back problems
- **Medical Costs and Loss of Productivity are Associated with an Increased BMI**
 - Annual medical expenses for persons with BMI of 30 to 34 cost \$1,400 more than ideal weight persons w/ BMI < 25 (25% greater costs)
 - Annual medical expenses for persons with BMI > 35 cost \$ 2,267 more than ideal weight persons (44% greater costs)
 - Sick days of the overweight are 2 to 3 times those of normal weight, costing employers \$1,500-\$2,000 annually in excess sick pay
- **Counseling and behavior change programs can produce a sustained 7-12 lb weight loss reducing disease risk and producing health benefits**



Mediterranean (or Asian) Diet + Nonsmoker + Daily Activity + Moderate Alcohol Use

<u>Disease</u>	<u>Reduction Compared to US</u>	<u>Comment</u>
Heart Disease	64%* - 83%**	80% due to modifiable risk factors
Cancer	60%*	Approximates NCI estimates
Diabetes	91% **	No Type II Epidemic
All-cause Mortality	50%*	25 year Okinawa Program Similar Findings

* Knoop et al and **Rimm, Stampfer, JAMA 2004;292:1433-1439



A Tobacco Cessation Program That Works

- **Employer paid benefit as preventive benefit with additional completion incentives**
- **6 or more scheduled proactive telephone counseling calls with tobacco cessation specialist**
- **Individualized interventions, using Prochaska Model, Cognitive Behavioral Therapy & Motivational Interviewing**
- **Decision support for pharmacotherapy (NRT or Zyban) & NRT fulfillment**
- **Individualized participant & physician correspondence**
- **Unlimited access to toll-free support line**



A Healthy Weight Program That Works

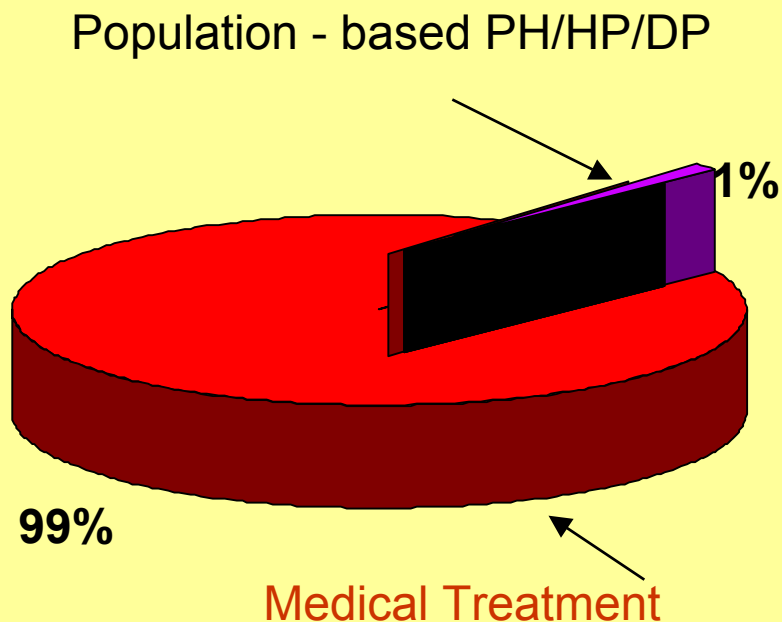
- **Employer paid as preventive benefit.**
- **Telephonic course sessions address diet and healthy eating, physical activity and exercise, stress management, maintenance and relapse prevention.**
- **All phone counseling sessions are facilitated by a registered dietitian or health educator.**
- **After an initial enrollment call, participants receive a course manual that contains educational lessons. They are then scheduled for 10 additional phone counseling sessions at times convenient for them.**
- **Calls are scheduled at 1- to 2-week intervals. Each phone session is approximately 15 to 20 minutes in length and is tailored to meet the individual needs of each participant.**
- **Course completers receive a follow-up newsletter for two years.**
- **Course outcomes are assessed via a phone-based questionnaire administered at pre-course, post-course, and 6-months follow-up.**



The Problem

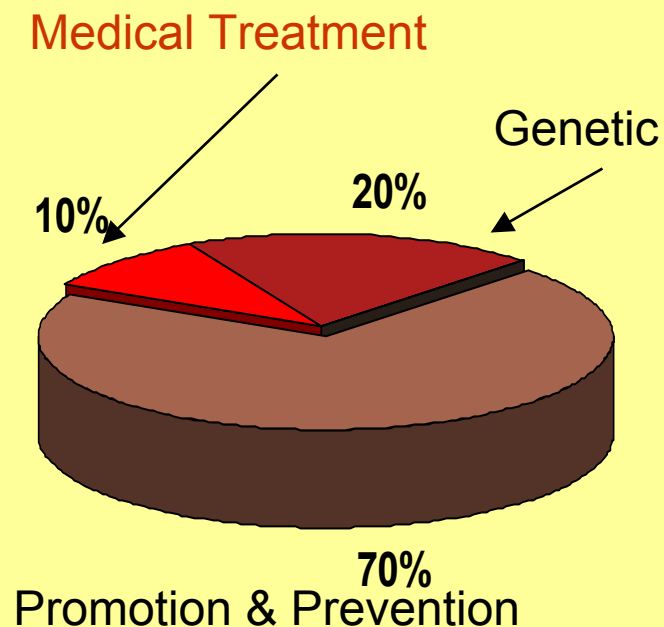
Health Care A Poor Return On Investment

Dollars Invested



PH/HP/DP= Public Health/Health Promotion/Disease Prevention

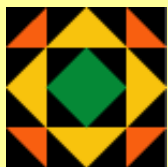
Preventable
Premature Deaths



Michael Parkinson, MD
Am Coll of Prev Med

The Problem – Continued Iowa's Current Health Status

- **38% of Iowans (over 1,000,000) suffer from chronic disease**
- **26% of Iowans are obese (rank 29th of all states)**
- **21% of Iowans smoke (rank 31st of all states)**
- **Ranks 25th of all states in cardiovascular deaths per 100,000**
- **Ranks 24th of all states in cancer deaths per 100,000**
- **Ranks 18th of all states in preventable hospitalizations**
- **During past year Iowa's uninsured rate rose 27% from 8.7% of the population to 10.5%**
- **Iowa's ranking among all states based upon health status scores has dropped from 6th in 1990 to 11th in 2007**



The Problem - Continued

Table 1: Population Characteristics

Employer Size	# of Employers in Group	% of Employers in Group	# of Eligible Employers Sampled	# of Complete Interviews
10-19 Employees	7007	48.6%	492	165
20-49 Employees	4541	31.5%	517	221
50-249 Employees	2407	16.7%	678	299
250-999 Employees	372	2.6%	182	112
1000+ Employees	82	0.6%	29	22
Total	14,409		1898	819

Response Rate = 43.2, \pm 3.3%, 95% CI



The Problem - Continued

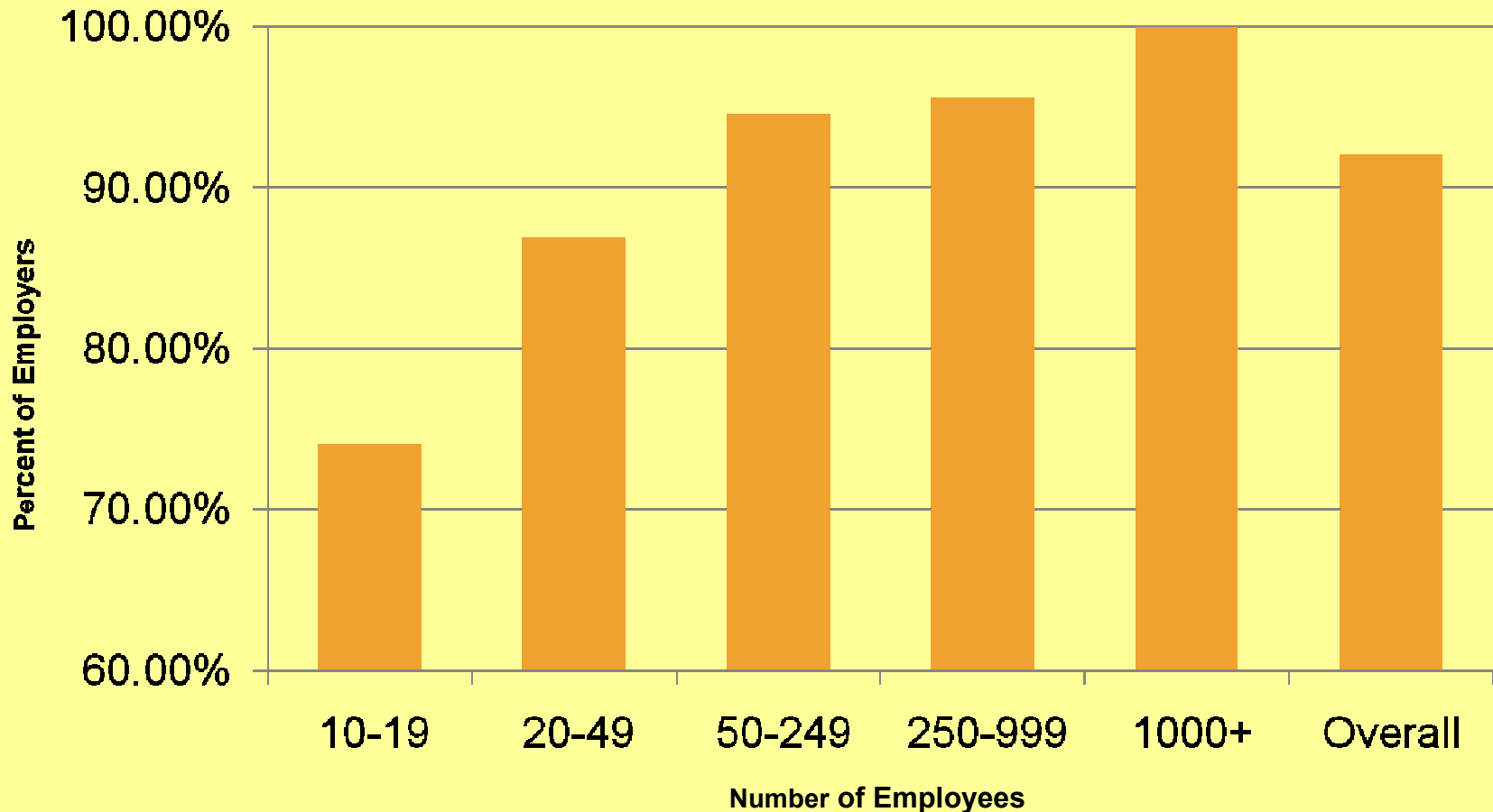
Table 11: Health Insurance Rate Increases

Employer Size	Percent of Employers with Rate Increases	Average Percent of Increase
10-19 Employees	78.3%	17.2%
20-49 Employees	74.7%	13.7%
50-249 Employees	69.1%	10.2%
250-999 Employees	81.9%	10.7%
1000+ Employees	86.4%	11.0%
Weighted Average	76.3%	11.6%



The Problem - Continued

Exhibit 9: Employers Offering Health Insurance Benefits



The Problem - Continued

Table 17: Percentage of Employers Who Will Not Offer Wellness and/or Disease Management Programs in the Next 12 Months

Weight Control Programs	35.8%
Health club Discount/Reimbursement	35.2%
Smoking Cessation Programs	32.7%
Health Risk Assessment Program	32.2%
Chronic Disease Management Programs	31.9%
Cholesterol Screening	30.5%
Blood Pressure Screening	29.2%
Medical Information (Website, Newsletter, etc.)	16.7%

Table 18: Likelihood of Employers Offering Wellness Initiatives Based on Employer Size

	Less than 250 Employees	250 or More Employees
Medical Information (Website, Newsletter, etc.)	50.3%	66.4%
Health Club Discount/Reimbursement	17.4%	46.2%
Health Risk Assessment Program	15.4%	35.1%
Weight Control Programs	10.9%	32.7%
Smoking Cessation Programs	15.7%	36.7%
Blood Pressure Screening	22.4%	47.2%
Cholesterol Screening	20.6%	46.8%
Chronic Disease Management Programs	14.3%	45.4%



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**2007 Iowa Employer Benefits Study© –
David P. Lind & Associates**

The Solution – Promote an Iowa Culture of Wellness

Five Steps Toward a Healthy Iowa

- **Step One: Remove Unhealthy Food in Schools**
- **Step Two: Improve the Health of Iowa's Children**
- **Step Three: Encourage More Iowans to Quit Smoking**
- **Step Four: Encourage Physical Activity for Seniors**
- **Step Five: Promote Prevention Efforts Amongst Iowans**





INTEGRATING EMPLOYEE HEALTH

A
MODEL
PROGRAM
FOR
NASA

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

A Solution for Progressive Employers

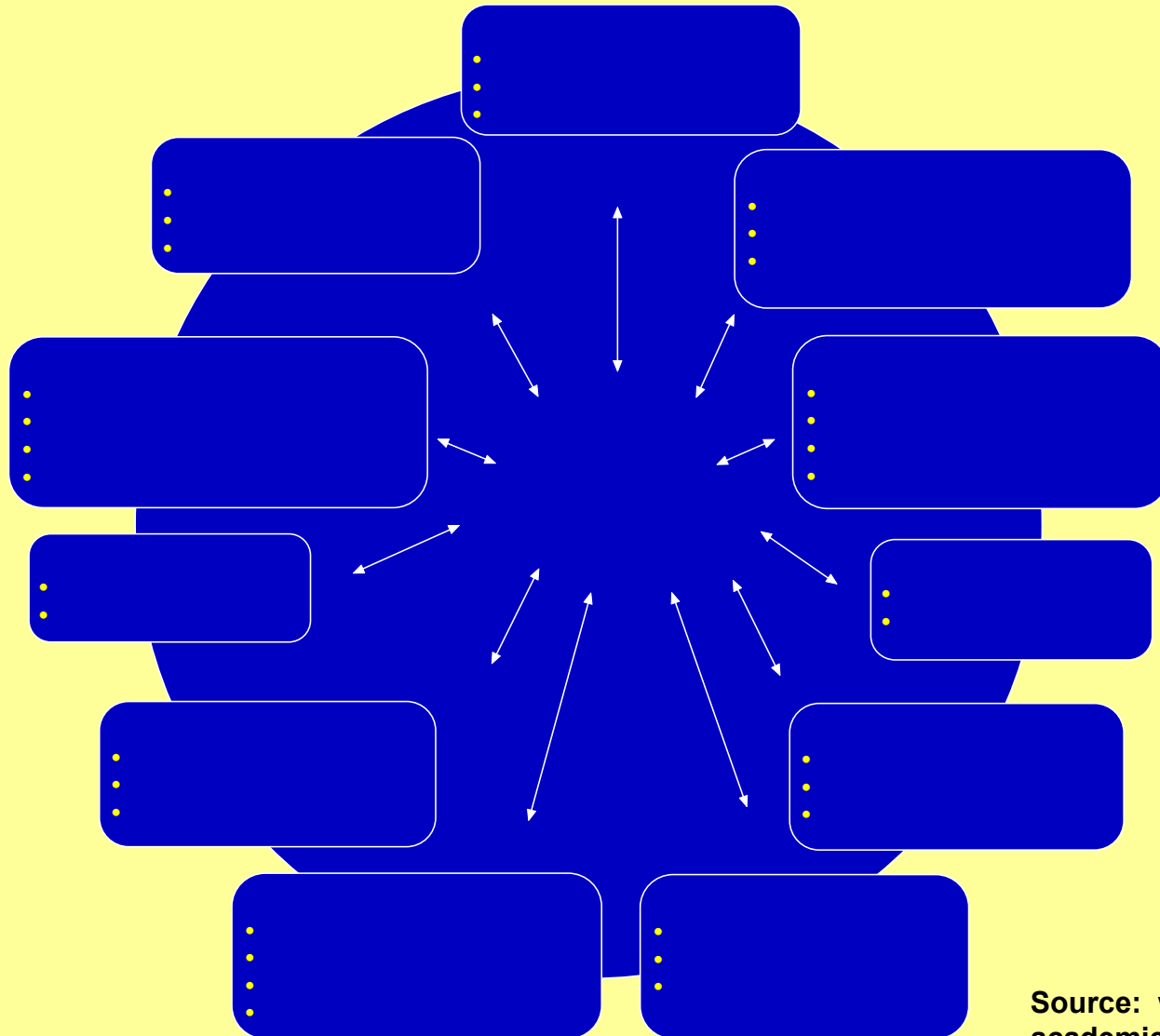
A report from the

Committee to Assess Worksite
Preventive Health Program
Needs of NASA Employees

The National Academies
Institute of Medicine
Food and Nutrition Board

A Solution – For Progressive Employers

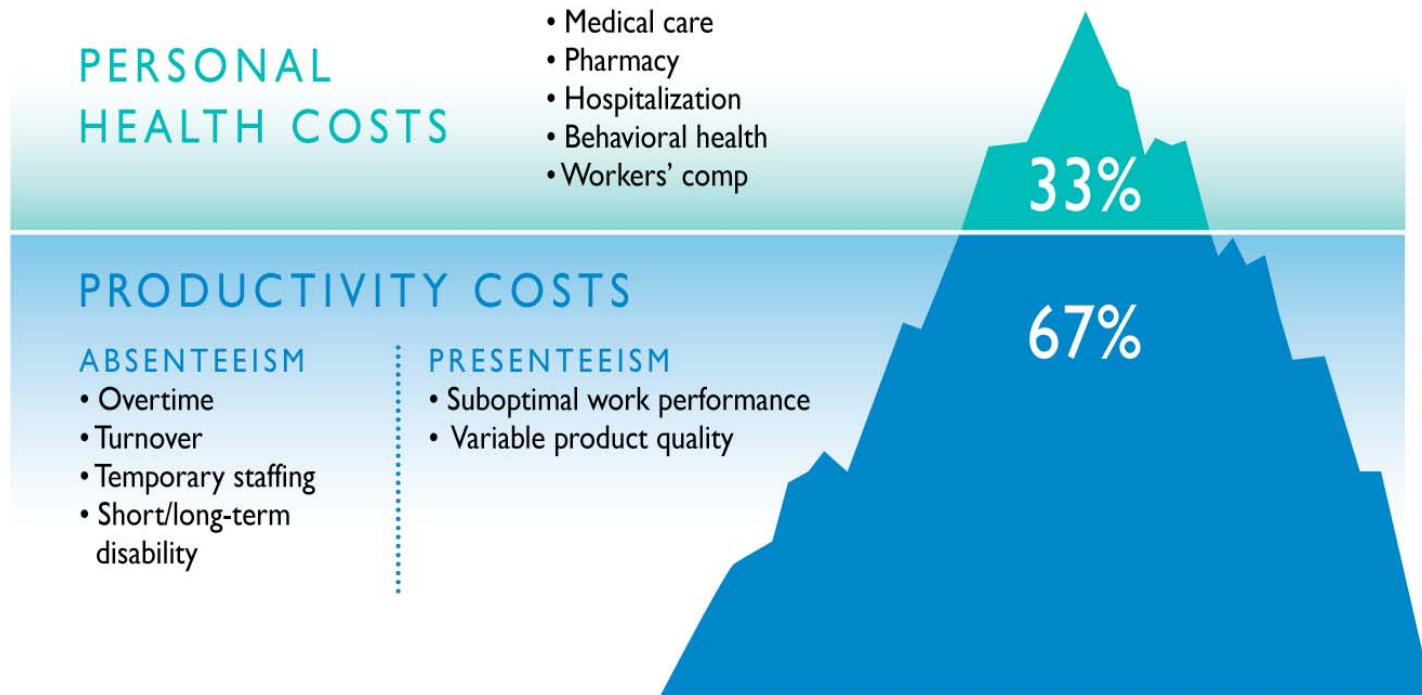
An Integrated and Sustainable Approach for Total Health Management



Source: www.national-academies.org

The Solution – Continued

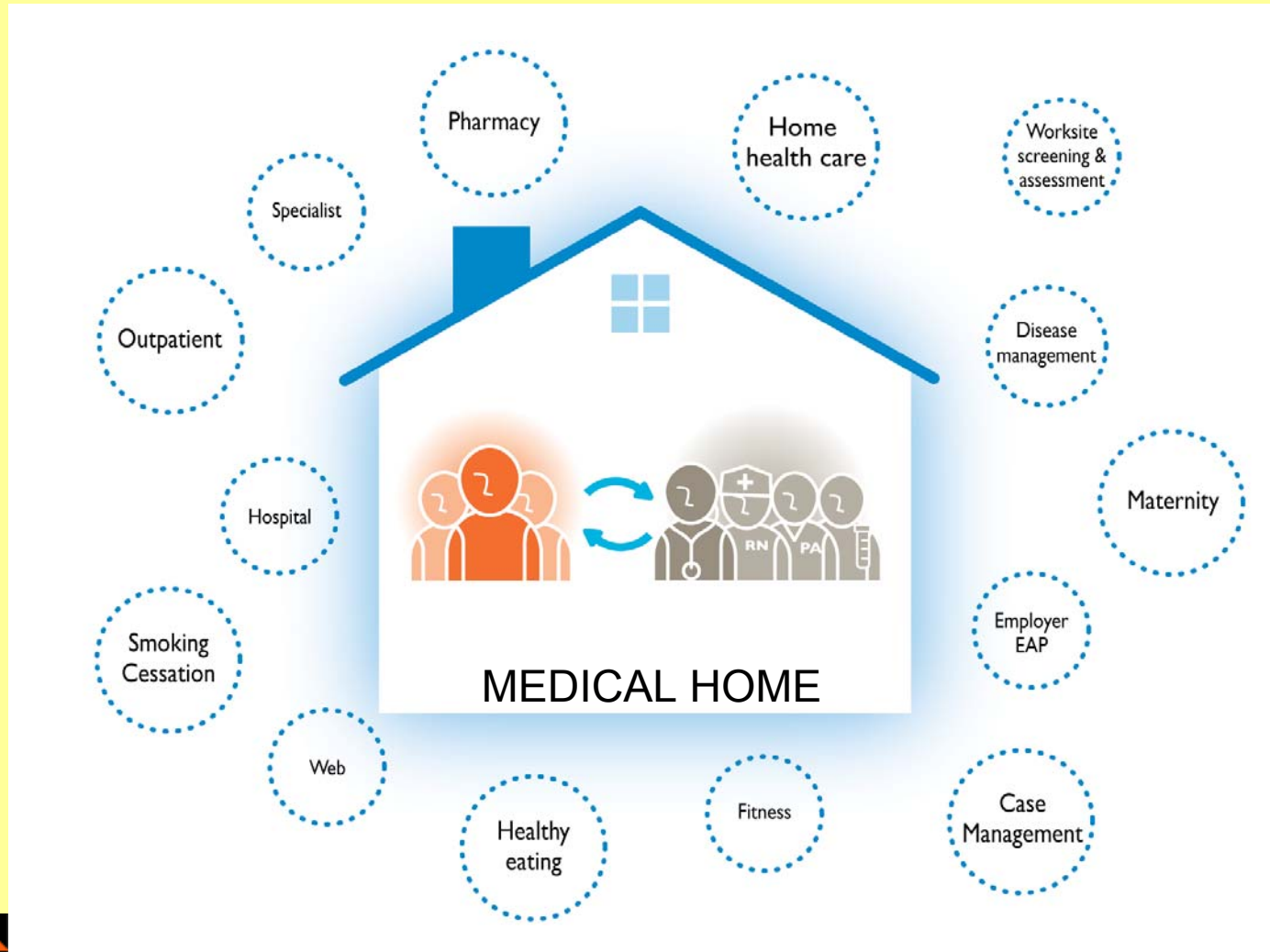
The Wellmark Pursuing Excellence Program



Source: Wellmark Blue Cross and Blue Shield

The Solution – Continued

The Wellmark Pursuing Excellence Program



The Solution – Continued

Principal's Best in Class Wellness Program

- **Must actively engage the employee and have a high participation rate**
- **Must focus on preventing claims, rather than reacting to them after they are incurred**
- **Must educate and motivate the employee to make healthy choices and avoid risks**
- **Must have measurable results that impact claims cost**
- **Must closely monitor and report results to the employer on a regular basis**



The Solution - Continued

Principal's Best in Class Wellness Program

- **Targeted health management**
 - **Home-based intervention program for high-risk health conditions**
 - Cholesterol
 - Blood pressure
 - Blood sugar
 - Weight management
 - **Risk-specific interactive workbook**
 - **Outbound phone calls or e-mails from a personal wellness consultant**
 - **Monthly newsletter**
 - **Consultant access via e-mail and toll-free phone**



The Solution - Continued

Principal's Best in Class Wellness Program

Wellness Works

- **Health measures**
 - **86% improved their blood pressure**
 - **80% improved their total cholesterol**
 - **65% improved their HDL cholesterol**
 - **87% improved their triglycerides**
 - **69% improved their glucose**
 - **44% improved their body fat percentage**



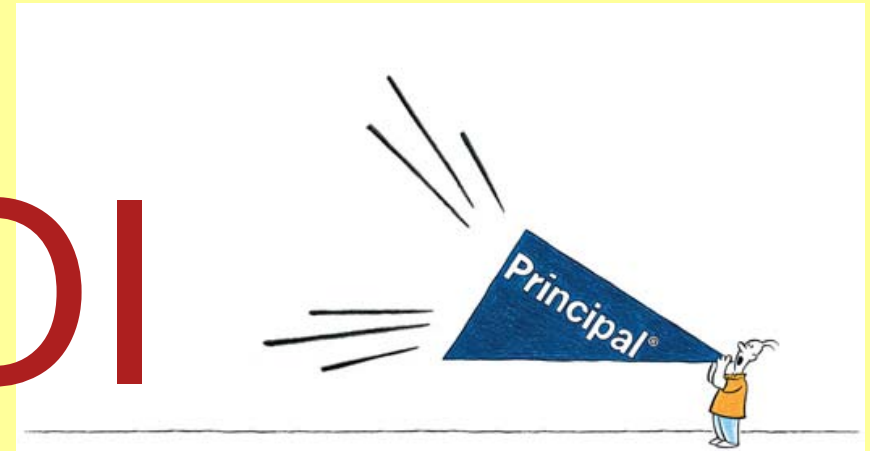
The Solution - Continued

Principal's Best in Class Wellness Program

Wellness Works

- Financial measures

2.45 ROI



The Solution – Continued

Department of Human Services Programs

- **Iowa Medicaid's Smoking Cessation Programs**
 - **Nicotine Replacement Therapy (NRT)**
 - **Payment for over-the-counter nicotine replacement patches/nicotine gum for members 18 and older**
 - **NRT Prior Authorization Criteria**
 - **Diagnosis of nicotine dependence and referral to Quit Line Iowa**
 - **Confirmation of enrollment in Quit Line Iowa**
 - **Maximum therapy 12 weeks within 12 months**



The Solution – Continued

Department of Human Services Programs

- **Preventive Physical Exams**
 - **From July 1, 2007 annual preventive exams available to both Medicaid and IowaCare adult members by any qualified Medicaid provider**
 - **Lab services are covered as appropriate for an initial preventive exam**



The Solution – Continued

Department of Human Services Programs

- **Medicaid Value Management Program**
 - **A systematic review of claims to realize cost efficiencies through utilization and claims/revenue management to improve quality of care and outcomes**
 - **Three primary categories of review**
 - **Iowa Medicaid Norms**
 - **AHRQ Quality Indicators**
 - **HEIDIS**



Conclusion

Wellness and health promotion programs are essential for all basic health care plans and should be made available to all lowans.



Recommendations

- 1. Iowa wellness and health promotion program policy should support both:**
 - A population-based health education and health promotion program led by the Iowa Department of Public Health, in partnership with all stakeholders and other Iowa public health leaders.**
 - A basic wellness-prevention medical services plan should be required for all public and private insurance plans for Iowans.**



Recommendations

- 2. The Commission should recommend that the IDPH and DHS be charged to work with:**
 - Iowa insurers**
 - Iowa universities**
 - Iowa employers**
 - Iowa employee representatives**
 - Iowa health care providers**
 - Other Iowa stakeholders**
- to develop specific evidence-based plans to meet these two wellness and health care priorities targeting small employers and uninsured families.**



Data Research Advisory Council Presentations

June 20, 2007

- Dr. James Merchant summarized the presentations by the keynote speakers and the discussions of the Iowa Panel of the Rebalancing Health Care in the Heartland Forum 2: A Focus on State-Based Health Care Reform held on June 19, 2007.

July 18, 2007

- Mr. Christopher Atchison reviewed the Data Research Advisory Council proposals and budgets with the Commissioners.

August 15, 2007

- Dr. Pete Damiano summarized for the Commissioners six recent healthcare surveys conducted in Iowa dealing with Iowa health insurance coverage of children, adults, and businesses, trends in coverage, the impact of coverage-related issues, and future possibilities for change.
- Dr. Pete Damiano also provided the Commissioners with the Prevention Priorities Policymakers Guide.



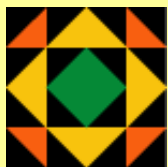
Data Research Advisory Council Presentations

September 19, 2007

- Dr. James Merchant presented the Commissioners with the pre-publication summary of the Rebalancing Health Care in the Heartland Forum 2: A Focus on State-Based Health Care Reform.
- Dr. Pete Damiano answered questions from the Commissioners on health care system frustrations, costs of care in Iowa, cost of state-supported insurance expansion, and dental insurance.

October 17, 2007

- Dr. William Appelgate presented to the Commissioners findings of the Iowa Rural Health Association Outlook on Health Survey.
- Dr. Jane DeWitt presented a report to the Commissioners which summarized policy tools that might improve access to medications and medication-associated services and enhance health outcomes and reduce program costs.
- Dr. Stacey Cyphert discussed with the Commissioners employer-based insurance and the future of employer-sponsored insurance and provided the Iowa Physicians Workforce Report.
- Dr. Pete Damiano further discussed the six reports on Iowa health insurance coverage with the Commissioners.



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Data Research Advisory Council Presentations

November 14, 2007

- Dr. Gary Rosenthal presented to the Commissioners the findings of a Commission-sponsored study that focused on the costs of care delivered to patients who are uninsured in inpatient, ER, and ambulatory surgery settings and characterized the patient population that received such care.
- Mr. Greg Boatenhammer discussed hospital finance and cost-shifting with the Commissioners.
- Dr. Tom Evans and Dr. Marcia Ward presented to the Commissioners work the Iowa Healthcare Collaborative has done to ensure health care quality and provided recommendations to improve health care quality in Iowa.

December 19, 2007

- Dr. James Merchant presented to the Commissioners information and recommendations on health promotion in health care.
- Dr. Pete Damiano provided the Commissioners a copy of his most recent children's health insurance study.
- Dr. James Merchant provided a summary of all Data Research Advisory Council presentations.



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